300
0-47
7-39
3906

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED DEC 8 1948
Registration District No. 318

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH
Primary Registration District No. 1003

State File No. 38224
Registrar's No. 10347

1. PLACE OF DEATH:

(a) County St. Louis, Mo.
(b) City or town (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Barnes Hospital, (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 42 days (Specify whether) In this community (years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County
(c) City or town Webster Groves (If outside city or town limits, write "RURAL")
(d) Street No. 144 S. OLD ORCHARD (If rural, give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3. (a) PRINT FULL NAME Herzog, Walter Miles Theodore
3. (b) If veteran, name war ******
3. (c) Social Security No.

4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Alice Herzog
6. (c) Age of husband or wife if alive 52 years
7. Birth date of deceased January 13th 1894 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
54	10	15	hr. min.

9. Birthplace Missouri (City, town, or county) U (State or foreign country)
10. Usual occupation Banker
11. Industry or business

MOTHER FATHER
12. Name Amdrew Herzog
13. Birthplace Germany (City, town, or county) (State or foreign country)
14. Maiden name Elise Blume
15. Birthplace Illinois (City, town, or county) (State or foreign country)

16. (a) Informant Alice Herzog
(b) Address Dexter Missouri
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 11-29-1948 (Month) (Day) (Year)
(c) Place: burial or cremation Dexter Missouri
18. (a) Signature of funeral director Degenderfer Bros.
(b) Address 6409 Gravois Ave
19. (a) NOV 29 1948 (Date received local registrar) (b) J. B. Lander (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 28 year 1948 hour 5 minute 30 A.M.

21. I hereby certify that I attended the deceased from Oct 16, 1948 to Nov. 28, 1948 that I last saw him alive on Nov. 28, 1948 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Carcinoma of sigmoid colon	2 yr.
Dilatation left ureter, hydronephrosis & post-renal Azotemia	4 wks
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death) Chronic lymphatic leukemia	16 months
Active Pulmonary Tuberculosis	

Major findings:
Of operations
Of autopsy

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? (e) Means of injury

23. Signature Robert H. Ruby M.D. (M. D. or other)
Address Barnes Hospital, Date signed 11/29/48

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed..... J. Allen Daniel

Licensed Embalmer No..... 4053

P. O. Address..... St. Louis Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.